

Name: _____ Date: _____

Day of the Week	What does the leaf look like?
	coated on the bottom
	coated on the top
	NO coating
	coated on the bottom
	coated on the top
	NO coating
	coated on the bottom
	coated on the top
	NO coating
	coated on the bottom
	coated on the top
	NO coating
	coated on the bottom
	coated on the top
	NO coating